

~~P
Med
M~~

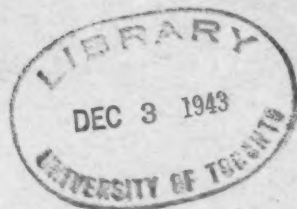
R
11
H3
v.13
no. 10

Biological
& Medical
Serials

13¹⁰
Manitoba Medical Review
111



IN AFFILIATION WITH
THE CANADIAN MEDICAL ASSOCIATION
THE BRITISH MEDICAL ASSOCIATION



BULLETIN
— of the —
**Manitoba
Medical
Association**

October, 1933



VOL. XIII.

No. 10

Manitoba Medical Association

EXECUTIVE

Dr. J. C. McMillan, President	Winnipeg
Dr. G. W. Rogers, First Vice-President	Dauphin
Dr. W. W. Musgrove, Second Vice-President	Winnipeg
Dr. F. W. Jackson, Honorary Secretary	Winnipeg
Dr. F. G. McGuinness, Honorary Treasurer	Winnipeg
Dr. A. F. Menzies, Retiring President	Morden

Members Elected at Large

Dr. W. J. Elliott	Brandon (Term Expires 1934)
Dr. A. G. Meindl	Winnipeg (Term Expires 1934)
Dr. E. D. Hudson	Hamiota (Term Expires 1935)
Dr. J. S. McInnes	Winnipeg (Term Expires 1935)
Dr. C. W. Wiebe	Winkler (Term Expires 1936)
Dr. F. A. Benner	Winnipeg (Term Expires 1936)

Representatives of District Societies

Central District	Dr. W. H. Clark
Southern District	Dr. E. K. Cunningham
Brandon and District	Dr. T. A. Pincock
North-Western District	Dr. R. F. Yule
Winnipeg Medical	Dr. R. Rennie Swan
Northern District	Dr. G. D. Shortreed
Border Medical	Dr. W. O. Henry

Representatives of C.P. & S. of Manitoba

Dr. H. O. McDiarmid	Brandon
Dr. J. R. Davidson	Winnipeg
Dr. C. A. MacKenzie	Winnipeg

Representative on C.M.A. Executive Committee

Dr. J. D. Adamson	Winnipeg
-------------------	----------

BULLETIN

of the
Manitoba Medical Association



OCTOBER, 1933

Published Monthly by the
MANITOBA MEDICAL ASSOCIATION

Editorial Office:
101 MEDICAL ARTS BUILDING, WINNIPEG

Editor—C. W. MacCHARLES Medical Historian—ROSS MITCHELL

*Editorial or other opinion expressed in this Bulletin is not necessarily
sanctioned by the Manitoba Medical Association.*

Minutes of Executive Meeting

MINUTES of a Meeting of the Retiring Executive and the Executive-Elect of the Manitoba Medical Association, held in the club-rooms of the Medical Arts Building on Monday, October 23rd, 1933, at 6.30 p.m.

Present.

Dr. J. C. McMillan, *Chairman*
Dr. A. F. Menzies
Dr. F. W. Jackson
Dr. F. G. McGuinness
Dr. C. A. MacKenzie
Dr. R. R. Swan
Dr. C. W. Wiebe
Dr. F. A. Benner
Dr. H. O. McDiarmid
Dr. E. K. Cunningham
Dr. A. G. Meindl

Dr. W. W. Musgrove
Dr. F. D. McKenty
Dr. W. J. Elliott
Dr. T. A. Pincock
Dr. J. D. Adamson
Dr. G. W. Rogers
Dr. Ross Mitchell
Dr. A. J. Douglas
Dr. G. S. Fahrni
Dr. D. Nicholson
Dr. C. W. MacCharles

Minutes of the last meeting of the Executive, held September 6th, 1933, were read by the Secretary and approved.

Dr. Menzies then turned the business of the meeting over to the incoming Executive, with appropriate remarks, particularly thanking the members for their co-operation throughout the term of his office. Dr. J. C. McMillan assumed the chair.

Minutes of a special meeting of the Executive, held October 3rd, 1933, were read by the Secretary and approved.

Resolutions Approved at Annual Meeting.

Letter from the Canadian Medical Association, under date of September 29th, was read by the Secretary, advising that resolution submitted to them by this Association re. L.M.C.C. examinations by sections would be brought to the attention of their Executive Committee at its next meeting.

Letter from the Department of Pensions and Naional Health, Ottawa, under date of October 3rd, was read by the Secretary, thanking the Association for their expression of opinion regarding the importation and manufacture of Heroin in Canada, and advising that this expression completely coincides with that made by the Canadian Medical Association and the Quebec Medical Association.

Letter from the College of Physicians and Surgeons, under date of October 20th, was read by the Secretary, regarding resolution with reference to the report of the Joint Committee on amalgamation of the College of Physicians and Surgeons and the Manitoba Medical Association. They advised that the matter had been discussed at their annual meeting and a motion passed that our letter be received, also that their Council had decided to lay the matter aside for six months, or until its next meeting. Dr. MacKenzie asked for discussion on the subject. Dr. McDiarmid advised that the reason this had been shelved for the time being was that the subject had been brought up at a very late hour at the annual meeting of the College, and that a large number of the members had left, while those remaining were chiefly men who were not familiar with the matter and had not attended previous meetings. He suggested that this be more fully explained to them, and that the matter be brought before the notice of the College prior to their next meeting. He stated that the report, when read, looked like an immediate amalgamation rather than the establishment of a joint office and joint clerical staff, and that he would like to see this brought about in any case.

After further discussion by Drs. McMillan and MacKenzie, it was moved by Dr. C. A. MacKenzie, seconded by Dr. A. F. Menzies: That a resolution be sent to the College of Physicians and Surgeons, requesting that they reconsider their stand at the next Council meeting. —Carried.

Letter from the Canadian Medical Association, under date of September 29th, was read by the Secretary, advising that resolution submitted to them re. the Sun Life Assurance Company and extra mural post-graduate work would be brought to the attention of their Executive Committee at its next meeting.

Expenses of Delegate to Ottawa.

Letter from the College of Physicians and Surgeons, under date of October 20th, was read by the Secretary, advising of motion passed at their annual meeting to the effect that the expenses of Dr. E. S. Moorhead in attending the recent conference of a delegation of the Canadian Medical Association with Premier Bennett at Ottawa, would be paid by the College.

Extra Mural Work.

Letter from the College of Physicians and Surgeons, under date of October 20th, was read by the Secretary, advising that a resolution had been passed at their annual meeting, granting the sum of three hundred dollars (\$300.00) to the Manitoba Medical Association to meet the expenses of extra-mural post-graduate work.

Dr. MacKenzie advised the meeting that the Treasurer of the College had requested that expenses only be paid to doctors going out, and no honorariums as previously allowed, also that they did not deem it advisable to send a team to The Pas as this was a very expensive trip and there were only three medical men at that point. Following discussion, it was decided that this matter be left with the Extra Mural Committee.

It was moved by Dr. A. F. Menzies, seconded by Dr. Ross Mitchell: That the Secretary be instructed to write to the Registrar of the College of Physicians and Surgeons, acknowledging their communication, and thanking them for their generosity both in regard to Dr. Moorhead's expenses and the grant for extra mural post-graduate work. —Carried.

Appointments of Standing Committees.

It was duly moved and seconded in the respective cases that the following be appointed to act on committees for the 1933-34 season:—

Hon. Advisory Committee to Minister of Health and Public Welfare:

Dr. J. C. McMillan, *Chairman*
Dr. Ross Mitchell
Dr. G. S. Fahrni
Dr. J. D. McQueen
Dr. A. T. Mathers
Dr. C. W. Wiebe

Representatives to C.M.A. Council:

It was moved by Dr. R. R. Swan, seconded by Dr. T. A. Pincock: That the appointment of this committee be left with the President and Secretary, to be selected at a later date, or as soon as they can ascertain who will be attending the C.M.A. Council Meeting next year. —Carried.

Legislative Committee:

Dr. Ross Mitchell, *Chairman*
Dr. C. R. Rice
Dr. W. W. Musgrove

Radio Committee:

The Secretary advised that Dr. D. C. Aikenhead was desirous of being relieved of his duties as Convener of this committee, but that he would gladly assist his successor in any way possible. Dr. R. W. Richardson was appointed Convener of this committee for the ensuing year, with power to add.

Extra Mural Committee:

Dr. J. S. McInnes, *Convener* (with power to add)

Committee on Necrology and Historical Medicine:

Dr. Ross Mitchell, *Convener* (with power to add)

Committee on Maternal Mortality:

Dr. F. G. McGuinness, *Convener* (with power to add)

Editorial Committee:

Dr. C. W. MacCharles, *Convener* (with power to add)

Editorial Board of C.M.A. Journal:

Dr. Ross Mitchell
Dr. E. S. Moorhead (with power to add)

Auditors:

Dr. A. J. Swan
Dr. D. C. Aikenhead

Representative to Manitoba Sanatorium Board:

Dr. F. A. Benner

Bulletin.

The following committee was appointed to go into the matter of *Bulletin* expenses and advertising:—

Dr. C. W. MacCharles
Dr. C. A. MacKenzie
Dr. W. W. Musgrove
Dr. F. G. McGuinness

Payment of Fees for Medical Services Rendered Inmates of Government Institutions.

Communication from Dr. A. Leishman, under date of August 18th, was read by the Secretary, in which Dr. Leishman reported on operation he had performed at the Winnipeg General Hospital, the patient being a prisoner from the Provincial Gaol at Headingly, and inquiring as to whom his account should be referred for payment. The Secretary also read communication from the College of Physicians and Surgeons, under date of October 20th, asking that our Association appoint a committee of two to act with a similar committee from the College to interview the Attorney-General with reference to such matters.

Dr. McDiarmid advised that the resolution had been brought in by the College with a view to making a thorough investigation of the matter, and if possible to have all wards of the Provincial Government brought under a definite ruling.

Dr. Pincock stated that in Brandon all services to wards of the government were performed gratis, excepting possibly in cases where a patient's estate might be able to pay.

Following further discussion by Drs. Adamson and McDiarmid, it was decided that the appointment of this committee be left with the President, who will ascertain the personnel of the committee of the College of Physicians and Surgeons.

Free Hospitalization.

Letter from the Committee of Finance of the City of Winnipeg dealing with hospital matters, under date of October 10th, was read by the Secretary. This letter requested that a committee of two be appointed from this Association to act with representatives of the City Council, the Sanatorium Board of Manitoba, St. Boniface Hospital, the Manitoba Medical Association and the Winnipeg Medical Society, to investigate the matter of the cost to the City of free hospital treatment. The President advised that, when this letter was received, it was felt that the matter was urgent, and that a reply had been sent to the City Clerk, under date of October 20th, advising that the President and Secretary would act on this committee, with Dr. F. G. McGuinness as alternative appointee. The subject was discussed by Drs. J. D. Adamson, Ross Mitchell and A. J. Douglas, and it was moved by Dr. Ross Mitchell, seconded by Dr. R. R. Swan: That Drs. J. C. McMillan, F. W. Jackson and F. G. McGuinness, as alternative appointee, be appointed representatives of the Manitoba Medical Association to act on this committee. —Carried.

Cancer.

Letter from Dr. J. D. Adamson, addressed to Dr. C. A. MacKenzie, Chairman of the Board of Trustees of the Cancer Relief and Research Institute, under date of October 13th, was read by the Secretary, to which was attached extract from the report of the Cancer Study Committee of the

Prescription Department

We Employ Only Graduate Pharmacists. Highest Quality Drugs and Chemicals Used. Every Prescription Double Checked.

Doctor's Phone 21 263

Direct Line

Surgical Department

*Equipped with
Special Fitting Room*

For Trusses, Abdominal Supports and Elastic Stockings. We gladly extend the use of this Fitting Room to the Medical Profession.

Drug Section, Main Floor Donald.

THE T. EATON CO. LIMITED

Canadian Medical Association, 1933, in which certain recommendations were submitted to the Council of the C.M.A. The President advised that Drs. Fahrni and Nicholson were present to discuss this subject.

Dr. Fahrni addressed the meeting, advising of the progress of the Cancer Relief and Research Institute to date. He felt that the Manitoba Medical Association should appoint a cancer committee from this province to act in conjunction with Dr. J. S. McEachern's Cancer Study Committee of the Canadian Medical Association. He suggested that we might consider appointing the treatment committee of the Institute.

Dr. Nicholson stated that, if the Treatment Committee were appointed to act, a member who could explain the progress in Manitoba to date should attend the Toronto meeting. He suggested Dr. Fahrni, who has been chairman of the Treatment Committee in Manitoba since its commencement.

Dr. MacKenzie further reviewed the activities of the Institute since its inauguration, advising that Manitoba was at least two years ahead of the other provinces of Canada in this work.

It was moved by Dr. Ross Mitchell, seconded by Dr. A. J. Douglas: That this Executive recommend the appointment of such a committee. —Carried.

Further, it was moved by Dr. C. A. MacKenzie, seconded by Dr. A. F. Menzies: That the Treatment Committee of the Cancer Relief and Research Institute be the committee representing the Manitoba Medical Association, but that the matter of sending delegates to Toronto be left with the committee itself. —Carried.

The Treatment Committee of the Cancer Relief and Research Institute is as follows:—

Dr. G. S. Fahrni, <i>Chairman</i>	Dr. J. C. McMillan
Dr. C. A. MacKenzie	Dr. M. R. MacCharles
Dr. O. C. Trainor	Dr. D. Nicholson
Dr. J. A. Gunn	Dr. Hugh MacKay
Dr. O. S. Waugh	Dr. P. A. Macdonald
Dr. C. R. Rice	Prof. F. Allen
Dr. D. G. Ross	

Dr. Adamson then addressed the meeting, advising that the report and suggestions as read by the Secretary were simply part of the proceedings of the meeting in Saint John, and that it was not likely that there would be any discussion regarding treatment at their next meeting, and that it would probably not be worth while having a delegation go from here. He suggested that the committee prepare a report as given by Drs. Fahrni and Nicholson and forward same to Dr. J. S. McEachern, Chairman of the Cancer Study Committee. He advised that this should be prepared and forwarded immediately, so that Dr. McEachern could embody same in his next report to the Executive of the Canadian Medical Association.

Workmen's Compensation Board:

The President advised that Dr. F. D. McKenty was present to discuss this subject.

Dr. McKenty addressed the meeting, and reported on the duties performed by the Buffer Committee, of which he was chairman. He advised of having had a Referee Board appointed, which was selected by the Medical Association, and which was to have been re-appointed annually. This, however, had never been done, and the Workmen's Compensation Board, as a

matter of form, had simply re-elected the same members each year since. He believed that they now appoint three specialists in whatever case may be under discussion. He reviewed the work done in connection with complaints and fraudulent accounts received by the Board, and efforts to have these reported to the College of Physicians and Surgeons. Dr. McKenty stated that the work of this committee is now completed, and asked that the Buffer Committee be discharged and that he be released from this responsibility.

Lengthy discussion followed by Drs. Adamson, Musgrove, Mitchell and MacKenzie. Dr. Adamson suggested that a complete report of Dr. McKenty's remarks be sent to the College of Physicians and Surgeons. Dr. MacKenzie stated that the College was unable to get the Board to submit cases to them.

It was moved by Dr. Ross Mitchell, seconded by Dr. J. D. Adamson: That the Buffer Committee in connection with the Workmen's Compensation Board be discharged, with the thanks of this Executive to the Chairman for the valuable work accomplished, and that the College of Physicians and Surgeons be notified that Dr. F. D. McKenty is willing to appear before them to report on his experiences, also that Dr. McKenty prepare a written report to be sent to the College of Physicians and Surgeons, which will outline to them and refresh their memories in the changes the Association is endeavoring to effect, and that a copy of this report be sent to the Workmen's Compensation Board.
—Carried.

Further, it was moved by Dr. W. W. Musgrove, seconded by Dr. F. A. Benner: That we notify the Workmen's Compensation Board of this action, and recommend to them that any irregular practice coming to the notice of their Board be immediately reported to the Registrar of the College of Physicians and Surgeons.
—Carried.

Further, it was moved by Dr. A. F. Menzies, seconded by Dr. F. A. Benner: That the President select nominations for the re-appointment of a Referee Board, and that these be forwarded to the Workmen's Compensation Board for their appointment.
—Carried.

Correspondence.

Letter from the Canadian Medical Association, under date of October 10th, was read by the Secretary, embodying the results of the conference of a delegation from the Canadian Medical Association with Premier Bennett re. medical care to the unemployed, held at Ottawa, October 6th. It was decided that this communication, together with documents attached, be turned over to the Special Relief Committee. It was also decided that, when letter is received from Premier Bennett regarding this conference, it be published in the *Bulletin*.

Letter from Dr. J. H. R. Bond, under date of October 23rd, was read by the Secretary, relative to the St. John Ambulance Association Home Nursing course, and referring to Dr. Menzies' address at the annual meeting.

Following discussion, it was moved by Dr. W. W. Musgrove, seconded by Dr. R. R. Swan: That this communication be forwarded to the Dean of the Faculty of Medicine of the University of Manitoba for attention, and that a letter be sent to Dr. Bond advising him of this action, and thanking him for his communication.
—Carried.

Letter from the College of Physicians and Surgeons, under date of October 20th, was read by the Secretary, advising that Drs. C. A. MacKenzie, J. R. Davidson and H. O. McDiarmid had been appointed representatives of the College to the Executive of the Manitoba Medical Association.

Re. Annual Meeting - 1934.

Dr. Musgrove asked permission of the Chairman to address the meeting with reference to the 1934 Annual Meeting. He advised that the Faculty of Medicine were making extensive preparations towards properly commemorating the fiftieth anniversary of the Medical College, and suggested that something might be done towards having the Association meeting on or about the same time. It was decided that this matter be left until the next meeting of the Executive, which will probably be held in January, 1934.

The meeting then adjourned.

From Swan River

We have received a letter from the Secretary of the Swan Lake Board of Trade, advising that there is a good opening at that point for a medical man. The letter states as follows:—

"This is a good farming district, thickly settled by good industrious farmers. The population consists of English-speaking Canadians, French and Flemish, with the Flemish slightly more than one-third of our people. The Flemish are well known as excellent farmers, industrious, thrifty, and our experience for many years justifies us in saying that they cannot be bettered."

—Apply W. Muir, Secretary, Swan Lake, Manitoba.

The Care of Your Eyes

GOOD vision is a priceless possession . . . yet how often we neglect our eyes! Working under artificial light, or reading fine print, driving into glaring headlights — in fact, the whole scheme of modern civilization puts a tremendous strain on our eyes.

Consult an Oculist Physician. He can tell you when—and how much—your eyes are at fault. If he prescribes glasses, bring your prescription to

ROBERT S. RAMSAY
PRESCRIPTION OPTICIAN
283 Donald Street
WINNIPEG

One of a series of advertisements prepared and published by Parke, Davis & Co. in behalf of the medical profession. This "See Your Doctor" campaign is running in the *Saturday Evening Post* and other leading magazines.



"Things I wish my Mother hadn't taught me"

A VERY young woman who embarks upon the great adventure of Motherhood is overwhelmed with advice from those who love her most.

The advice may be on some apparently trivial matter—clothing, feeding, what to do for an upset stomach, or the way to nip a cold in the bud.

Yet many a brand-new mother has learned that often the reward for following such advice is regret. She has said, not in bitterness, but in sadness, "I wish I had never been told to do that." She has learned, too late, that many of the beliefs of a generation ago have been cast into disrepute by the findings of recent years.

For these past few decades have been a Golden Age of Medicine. Much has been learned . . . much has been disproved. And, as a result of developments and discoveries that

have taken place since you yourself graduated from childhood, the baby of today has a better chance of arriving into the world safely . . . of successfully weathering the treacherous storms of infancy . . . and of enjoying a healthy, vigorous childhood.

A better chance, that is, if medical science is given the opportunity of exerting its influence on the child and on the mother . . . It is difficult not to take advice from those who love us most. But when so fragile and precious a thing as a baby's health is at stake, there is one person, and one person only, whose advice you can safely follow.

That person is your doctor.

■
PARKE, DAVIS & COMPANY

*The World's Largest Makers
of Pharmaceutical and Biological Products*

Western Canada Medical History

by ROSS MITCHELL

Alexander Mackenzie as a Doctor

THE excerpt which follows is from Alexander Mackenzie's "*Voyages from Montreal on the River St. Laurence through the Continent of North America to the Frozen and Pacific Oceans in the Years 1789 and 1793*," published at London in 1801. Mackenzie, according to Dr. Geo. Bryce, was born in 1763 of Highland lineage, went to Montreal at the age of sixteen, enlisted for service in the fur trade, and six years later became a partner. In 1787 the three groups of Montreal merchants who had been prosecuting the fur trade in opposition to the Hudson's Bay Company united to form the North-West Company, and Alexander Mackenzie was placed in general charge of its interests throughout the Athabaska country. At the beginning of June, 1789, he set out to ascertain what kind of territory lay far to the north of Great Slave Lake. It was on this voyage of 102 days that he discovered the great river that bears his name and followed it to its delta. Following this he spent a winter in England in order to learn navigation and astronomy to aid him in his future travels.

On October 10th, 1792, he set out from Fort Chepewyan on Lake Athabaska to ascend the Peace River. On the first day of November he landed at the place designed to be his winter camp, from which, he proposed in the spring to travel to the Pacific. Here his men built a fort 120 feet square with palisades eighteen feet high. The thermometer registered 16 degrees below zero on November 28th, "so that the axes of the workmen became almost as brittle as glass." On reading the paragraph which follows one cannot but feel that Mackenzie, with equal training, would have made as great a name had he followed the vocation of a surgeon instead of fur trader and explorer. "In this situation, removed from all those ready aids which add so much to the comfort, and, indeed is a principal characteristic of civilised life, I was under the necessity of employing my judgment and experience in accessory circumstances by no means connected with the habits of my life, or the enterprise in which I was immediately engaged. I was now among people who had no knowledge whatever of remedial application to those disorders and accidents to which man is liable in every part of the globe, in the distant wilderness, as in the peopled city. They had not the least experience with that primitive medicine, which consists in an experience of the healing virtues of herbs and plants, and is frequently found among uncivilised and savage nations. This circumstance now obliged me to be their physician and surgeon, as a woman with a swelled breast, which had been lacerated with flint stones for the cure of it, presented herself to my attention, and by cleanliness, poultices, and healing salve, I succeeded in producing a cure. One of my people, also, who was at work in the woods, was attacked with a sudden pain near the first joint of the thumb, which disabled him from holding an axe. On examining his arm, I was astonished to find a narrow red stripe, about half an inch wide, from his thumb to his shoulder; the pain was violent, and accompanied with chilliness and shivering. This was a case that appeared to be beyond my skill, but it was necessary to do something towards relieving the mind of the patient, though I might be unsuccessful in removing his complaint. I accordingly prepared a kind volatile liniment of rum and soap, with which I ordered his arm to be rubbed, but with little or no effect. He was in a raving state throughout the night, and the red stripe not only

increased, but was also accompanied with the appearance of several blotches on his body, and pains in his stomach; the propriety of taking some blood from him now occurred to me, and I ventured, from absolute necessity, to perform that operation for the first time, and with an effect that justified the treatment. The following night afforded him rest, and in a short time he regained his former health and activity."

* * * * *

January 1, 1793.—"On my arrival here last fall, I found that one of the young Indians had lost the use of his right hand by the bursting of a gun, and that his thumb had been maimed in such a manner as to hang only by a small strip of flesh. Indeed, when he was brought to me, his wound was in such an offensive state, and emitted such a putrid smell, that it required all the resolution I possessed to examine it. His friends had done everything in their power to relieve him; but as it consisted only in singing about him, and blowing upon his hand, the wound, as may well be imagined, had got into the deplorable state in which I found it. I was rather alarmed at the difficulty of the case, but as the young man's life was in a state of hazard, I was determined to risk my surgical reputation, and accordingly took him under my care. I immediately formed a poultice of bark, stripped from the roots of the spruce-fir, which I applied to the wound, having first washed it with the juice of the bark: this proved a very painful dressing: in a few days, however, the wound was clean, and the proud flesh around it destroyed. I wished very much in this state of the business to have separated the thumb from the hand, which I well knew must be effected before the cure could be performed; but he would not consent to that operation, till, by the application of vitriol, the flesh by which the thumb was suspended was shrivelled almost to a thread. When I had succeeded in this object, I perceived that the wound was closing rather faster than I desired. The salve I applied on the occasion was made of the Canadian balsam, wax and tallow dropped from a burning candle into water. In short, I was so successful, that about Christmas my patient engaged in an hunting party, and brought me the tongue of an elk: nor was he finally ungrateful. When he left me I received the warmest acknowledgments, both from himself and his relations with whom he departed, for my care of him. I certainly did not spare my time or attention on the occasion, as I regularly dressed his wound three times a day, during the course of a month."

Winnipeg General Hospital

The Board of Trustees of the Winnipeg General Hospital announce the following Staff changes:—Dr. G. S. Fahrni and Dr. M. R. MacCharles to be Associate Surgeons.

Never attempt to bear more than one kind of trouble at once. Some people bear three kinds—all they had, all they have now, and all they expect to have.—Edward Everett Hale.

* * *

Even mistaken hypotheses and theories are of use in leading to discoveries. This remark is true of all the sciences. The alchemists founded chemistry by pursuing chimerical problems and theories which are false.—Claude Bernard.

PUBLIC HEALTH BIOLOGICAL PRODUCTS

Diphtheria Antitoxin*
Diphtheria Toxin for Schick Test*
Diphtheria Toxoid (*Anatoxine-Ramon*)*
Scarlet Fever Antitoxin*
Scarlet Fever Toxin for Dick Test*
Scarlet Fever Toxin*
Tetanus Antitoxin*

Anti-Meningococcus Serum*
Anti-Pneumococcus Serum (*Type 1*)
Anti-Anthrax Serum
Normal Horse Serum

Smallpox Vaccine*
Typhoid Vaccine*
Typhoid-Paratyphoid Vaccine*
Pertussis Vaccine
Rabies Vaccine (*Semple Method*)*

INSULIN* and LIVER EXTRACT

CONNAUGHT LABORATORIES

University of Toronto

TORONTO 5

CANADA

Depot for Manitoba

BRATHWAITES LIMITED, WINNIPEG

★ For use in the Province of Manitoba, products marked with an asterisk (★) in the above list are available to physicians and hospitals free of charge, upon application to the Provincial Department of Health and Public Welfare. This provision, in the case of Insulin, extends only to supplies of the product required by patients unable to pay therefor.

News Items

— of —

Department of Health and Public Welfare

The Prevention of Respiratory Infections

The following is an article by Charles A. Weymuller, M.D., which was published in "*The Health Examiner*," the organ of the New York Academy of Medicine:—

There is much to prove that the prevention of respiratory infections is one of the most important of the many difficult problems in practical pediatrics. Our private practice and hospital work are predominantly with patients who suffer from dangerous complications and sequelae of respiratory disease. Each time a pediatrician sets out to make house calls, the chances are eight out of ten that he will encounter respiratory disease or some complication thereof. Infants and young children from six months to five years are prey to otitis media, mastoiditis and bronchopneumonia, far more than to all other important diseases. This group of diseases still ranks first as the cause of death in this age group. In obstetrical nurseries respiratory disease is considered the commonest menace of all, especially to premature and weak infants.

These general truths are so well known that even the laity are impressed with the necessity of prevention. Hence, people are more and more willing to support research on this problem and will eagerly back such measures as are currently believed to help prevent respiratory disease. Unfortunately the many thorough-going studies now recorded yield no specific protective agent against respiratory infection. However, a number of useful and practical procedures have been worked out which must suffice until future research gives us better ones. Following is an attempt to discuss the ones which seem to me most important.

The general feeling is that isolation from known or suspected carriers of respiratory infections is the most efficacious of all preventive measures. However, with the exception of infancy and early childhood, it has rarely been practical to carry out successful isolation. It is most unfortunate that this cannot be extended, for many an infant so protected has reached the walk-about age and older without acquiring a single respiratory infection, even in this difficult climate.

One's belief in this measure might well be badly shaken by HESS¹ study at his New York institution. He said:

"In order to render exposure as infrequent as possible, what was termed 'aseptic nursing' was carried out in one ward. Physicians, nurses and attendants coming in contact with the infants were required to wear surgical masks which were changed daily — hands were scrubbed thoroughly and frequently — visiting was allowed but once a month and visitors were provided with masks; fondling and petting of infants were prohibited and nurses who had colds or infections were temporarily excluded from service. Once again, our attempts at prophylaxis resulted in failure." Furthermore he said: "Those under six months of age being definitely less subject to respiratory infection than those between six and twelve months. I emphasize

this clinical phenomenon in the first place because it has not been given significance in computing morbidity statistics in institutions or communities. It indicates that during the first months of life, in regard to immunity from infection, the infant is leading a somewhat parasitic existence, depending largely on the protective substances carried over from the mother." Such studies as HESS' are certainly conclusive in so far as institutions go. However, there undoubtedly are other important factors such as proper foods and procedures, which operate in the home to influence the well-being of infants. With careful check-up of the parents, family and attendants for carriers, and the use of the so-called "aseptic technique," there have been excellent results in so high a percentage of private cases as to justify this arduous program.

Where the child is of school age, this is obviously out of the question and the greatest hope lies in the practice followed in certain of the most enlightened private and public schools. Here the infected individuals are recognized and excluded by vigilant school physicians and nurses who are in daily attendance. These infected children or teachers are excluded until the nasal discharges and coughs are negligible. The results have been splendid in the limited number of schools which can afford such medical supervision and which have a cooperative parent group. These parents have been educated to the point where they will honestly report and exclude their own children when infected. After sufficient data has been collected from the schools which follow this system, the parents will quickly be convinced of the far-reaching benefits.

When contacts with acute respiratory infection are unavoidable, all efforts must be centered upon an increase in the resistance of the child. Every effort should be made to eliminate foci of infection, but here especially must there be thorough, individual consideration. Removal of diseased tonsils and adenoids, treatment of infected paranasal sinuses and removal of infected teeth bring most favorable results when done in conjunction with certain hygienic measures, especially proper rest and diet. Certain high-strung children repeatedly succumb to respiratory infection unless bi-weekly or more frequent rest periods are insisted upon throughout the season of greatest incidence. In this region that period is from early November until mid-May. By all odds the worst month seems to be March. The opinion seems very general among workers most interested in malnutrition and rheumatic carditis, that recurrent infections are much less frequent when nutrition is of the best. The most efficacious measures for improving nutrition seem to be graduated rest periods prescribed in conjunction with normal diet, reinforced by cream (at meal times) or added carbohydrate in the form of fruit juices plus crackers given mid-morning and mid-afternoon. There seems to be no special advantage to an unusually high fat or high carbohydrate diet. The further discussion of this subject would be clarified if centered around the problems of a specific patient.

For example, the working out of a plan for the management of a high-strung child of seven years who has had repeated respiratory infections and is considered to be 10 per cent underweight:

1. We should check up and treat physical defects and foci of infection and investigate particularly for tuberculosis, rheumatism and carditis; diabetes and nephritis. Furthermore, be certain that the attacks are truly respiratory and due to infection. If the attacks are suspicious of allergy,² there must be special investigation of the history; skin-testing; elimination diets and special therapy. Cases are so individual that no helpful general plan can be suggested.

2. Carriers must be eliminated in so far as is practical. If parents or attendants have foci of infection, these should be treated. Instruction as to prevention of droplet infection and care of hands should be given the suspected carrier. Even though we grant that the school might be as much at fault as the home, each point cleared up is gainful.

3. The patient must remain in bed until 10 A. M. on Wednesday morning, Saturday and Sunday morning. (He thereby loses a negligible amount of school time.) He is to have breakfast in bed, and on these days is to rest for 1½ hours after lunch and be in bed by 6:30 P. M.

4. He is to have a normal diet and 2 oz. of heavy cream a day, if he can tolerate fats reasonably well. If not, he is to have 3 to 4 oz. of grape juice or other fruit juice at 11 A. M., and at 3 P. M., with some sort of crackers. If one decides to be exact as to the quantities of fat, carbohydrate and protein and the total caloric intake, the best table is that of HOLT and FALES.³ It is simpler and just as effective to turn to a good, current pediatric textbook such as HOLT and MACKINTOSH or GRIFFITHS and MITCHELL, which contain model, average diets. These diets cover every need of the patient including vitamin, amino-acid and mineral requirements. With this rest-period and dietary regime alone, honestly carried out, one may confidently expect this child, and others, like him, to regain his normal weight within four to six weeks. In practice, it is seldom necessary to resort to even the mildest sedatives, such as bromides or luminal to insure proper rest. If they must be given, we should prescribe about one teaspoonful of elixir luminal at 5 P. M., and that for but a few weeks. If the child fails to gain weight, the co-operation of the parents should first be suspected, and if no gain ensues after correction, more serious factors such as tuberculosis, diabetes, nephritis and the like must be excluded by thorough medical work-up.

5. Cod-liver oil, plain or reinforced with vitamin A and D would be administered; two teaspoonsful daily of viosterol cod-liver oil No. 10 D from October through May. This measure is usually taken more in hope than in confidence. Some years ago, the work of MELLANBY⁴ and others on experimental animals encouraged workers to believe that human resistance to infections, especially respiratory, might be enhanced by plentiful administration of vitamin A. HESS' associates, BARENBERG and LEWIS,⁵ said the following:

"The object of this investigation was to ascertain whether any relationship exists between the vitamin A content of the diet and the occurrence of respiratory infections. The incidence and severity of these infections were determined in four groups of infants, receiving various quantities of vitamin A in their diets. The first group comprised 19 infants receiving partly skimmed milk; the second 94 infants receiving pasteurized milk and twenty drops of viosterol; the third 85 infants receiving pasteurized milk and three teaspoonsful of standardized cod-liver oil, and the fourth, 6 infants receiving pasteurized milk and six teaspoonsful of cod-liver oil. All infants were given orange juice at six weeks, butter at six months and vegetables at eight months of age. Thus the four diets represented a small, a moderate, a large and a maximum amount of vitamin A. These infants were observed in an institution for periods varying from four to twelve months. Respiratory infections were classified as mild, moderate or severe (purulent otitis media, mastoiditis and pneumonia being classed as severe infections).

"The results may be summed up in a few words: no significant difference in incidence or severity of respiratory infections was noted in the four groups of infants. Thus the group which received the largest daily amount of vitamin A, through the addition of cod-liver oil, was not protected against

respiratory infections to a greater degree than were other groups." Furthermore, Dr. HESS¹ said: "In my opinion, the everyday infections, which sometimes prove so serious, have little or nothing to do with this deficiency (vitamin), although there is no doubt that a decided or long standing deficiency may bring about increased susceptibility."

6. We should consider and probably reject another much-exploited measure, ultraviolet radiation which has been a considerable disappointment in this field. In the same lecture, HESS¹ said: "Our first attempt undertaken in 1926 with the confidence born of inexperience was most disappointing. In the course of the winter, in spite of irradiation carried out every other day for a period embracing four months, quite as many infections occurred among the group of infants who were irradiated as among those who lived under the same regime, except that they were not irradiated. It may be added that the irradiated group evidenced an initial increase in weight, which, however, did not continue during the subsequent months."

Two years later, a similar investigation was carried out with the only difference that a carbon arc lamp was used as the source of radiation, as it was thought that these rays might be superior because they more clearly resemble the spectrum of the sun. In spite of systematic exposures to these rays no relative diminution in the incidence of respiratory infections occurred during an observational period of three months." On the other hand, SMILEY⁶ of Cornell believes that he reduced respiratory infections among susceptible students some 46 per cent when used in conjunction with other measures. The carbon arc lamp is entirely adequate when used every other day.

7. We should like, ideally, to prescribe the proper conditioning of the living, school and sleeping rooms. The extreme atmospheric dryness produced by poorly regulated central heating, draughts, and inadequate exchange of air make mucous membranes more vulnerable. Numerous ingenious devices are on the market to meet every requirement of air-conditioning, so that the lapse of but a few years will determine the importance of this factor, and will justify or eliminate the considerable financial outlay for such equipment. The simpler humidifiers and heat regulators are undoubtedly some improvement. A desirable room temperature is between 65 and 70° F. Meanwhile, it should be seen to that the patient is not subjected to the very poor practice of having rest periods in school or at home on mats rolled upon bare, cold and draughty floors in close contact with the bacterially contaminated dust of the schoolroom.

8. We should insist on medium weight clothing and adequate, though not heavy, covering of the extremities. There seems to be a common-sense middle ground between bundling and flannel jackets and the co-called hardening processes of overexposure. Cold chest sponges and deep breathing exercises impress the child with the importance of the plan and enhance the tendency to regular habits. Furthermore, certain children seem remarkably benefited by these measures.

9. If a fair observation period of eight to ten weeks failed to improve matters, we should prescribe a course of vaccine; the criteria of failure are: continued acute attacks of respiratory disease or persistence of chronic symptoms; failure to improve in weight, color and general disposition; persistence of fatigability. We should give influenzal, mixed vaccine twice or three times weekly for ten or twelve doses. The initial dose should be one minim and is increased one minim at a time (or faster) until a red area the size of a nickel is produced at the site of injection. This dose, or just short of it is

given for the balance of the course. In the event of failure of the stock vaccine, autogenous vaccines must be considered. There are many who feel that autogenous vaccines are first choice, but this has not been our experience. Autogenous vaccines are usually dispensed with specific dosage instructions from the bacteriologist who made the vaccine. The concentration of killed organisms deemed optimal by bacteriologists is very variable, and no general rule may be made. Since no harmful effects of vaccine therapy have been demonstrated and the chances for very favorable results are approximately 50 per cent, it is decidedly worthy of a trial.

10. If three months have elapsed without favorable response, a re-check for possible organic cause is in order, even though the original investigation was negative.

11. When all other measures fail, there is no question that change of climate will benefit most patients. Unfortunately economic considerations put this out of the reach of the majority of patients. There is general agreement that a high, dry climate is most beneficial for patients with respiratory affections. We should select New Mexico or Arizona; the stay for six to twelve months, if possible. If that location or the length of stay is impractical, the next best in the near vicinity of New York is the Adirondack region. No region near the metropolitan area, unless it be Western New Jersey around Morristown, offers any climatic advantage. It is astonishing how one year of freedom from respiratory or other infections, whether accomplished by change of climate or any other means, will fortify a child for a much longer period. This is true, even allowing for the natural increased resistance which comes with age.

12. If these measures were carried out and still respiratory infection occurred, and it does, the most important thing is conservative treatment of the attack, with an eye to prevention of complications and sequelae. Foremost is complete bed rest, which should be continued until at least forty-eight hours of normal temperature has been charted. The patient should have nearly twice his usual intake of fluids; his diet should be restricted so long as fever is over 100°. Elimination should be adequate, but overcatharsis interdicted; no initial catharsis. Probably acetyl salicylic acid, in conjunction with potassium citrate and soda bicarbonate will give the patient the greatest amount of comfort. Certainly there is no specific medication known. Any medication which upsets digestion and so causes dehydration is a menace and should immediately be discontinued. If local treatment is used, especially for the nose, great care must be exercised not to enhance the incidence of otitis media by overtreatment. The ephedrine jelly with merthiolate is a useful preparation. The simple measures for controlling cough, such as steam inhalations and mustard pastes are as adequate as any, and entirely safe. Codeine is the most useful drug for fatiguing, irritative coughs. If possible, the room temperature should be kept between 55 and 70° with a good exchange of air.

BIBLIOGRAPHY

1. Hess, A. F. Diet, Nutrition and Infection. *New England J. Med.* 207: 637-648, Oct. 13, 1932.
2. Balyeat, Ray M. The General Health and Mental Activity of Allergic Children. *Am. J. Dis. Child.* 37: No. 6.
3. Holt, L. E. and Fales, H. Food Requirements of Infancy and Childhood. *Am. J. Dis. Child.* 1921 XXI, 1: 1921 XXII 371; 1922, XXIII, 471; 1922 XXIV, 44; 1922 XXIV, 311.
4. Green, H. N. and Mellanby, Edward. Vitamin A as an Anti-Infective Agent. *Brit. M. J.* 2: 691, Oct. 20, 1928.
5. Barenberg, L. H. and Lewis, J. M. Relationship of Vitamin A to Respiratory Infections in Infants. *J.A.M.A.* 98: 199-202, Jan. 16, 1932.
6. Smiley, D. F. Prevention of Colds. *New York State J. Med.* 32: 1420-1422, Dec. 15, 1932.

COMMUNICABLE DISEASES REPORTED

Urban and Rural : September, 1933

Occurring in the Municipalities of:—

Whooping Cough: Total 312—Winnipeg 125, Dauphin Rural 20, St. Boniface 18, The Pas 14, St. Vital 11, St. Paul West 9, Dauphin Town 6, Rosser 5, Brandon 2, Kildonan East 1, Miniota 1, (Late reported cases for July and August: Unorganized "Birch River" 36, St. Boniface 28, St. Boniface 12, The Pas 16, Brandon 7, Eriksdale 1).

Scarlet Fever: Total 72—Winnipeg 38, Franklin 9, St. Boniface 4, St. Clements 4; (Unorganized) Stuartburn 4, Kildonan East 3, Argyle 1, Brokenhead 1, Coldwell 1, Mossey River 1, Rockwood 1, St. Paul East 1, St. Vital 1, Unorganized (Kreuzberg) 1, Woodlands 1, (Late reported cases for August: Eriksdale 1).

Chickenpox: Total 40—Winnipeg 33, St. Boniface 1, St. Vital 1, Unorganized 1, St. James 1, (Late reported cases for July and August: Brandon 2, Gilbert Plains 1).

Diphtheria: Total 31—Winnipeg 22, St. Andrews 2, Ethelbert 1, Kildonan East 1, Macdonald 1, St. Paul East 1, St. Vital 1, Tuxedo 1, (Late reported cases for July: Unorganized 1).

Tuberculosis: Total 27—Winnipeg 7, Bifrost 2, Kildonan East 2, Unorganized 2, Brooklands 1, Cypress North 1, Killarney T. 1, Lac du Bonnet 1, Miniota 1, Norfolk N. 1, Selkirk 1, Shoal Lake T. 1, Shoal Lake R. 1, St. Boniface 1, St. Clements 1, St. Laurent 1, The Pas 1, Virden 1.

Typhoid Fever: Total 18—Dauphin T. 3, Hartney T. 2, Archie 1, Cameron 1, Charleswood 1, Coldwell 1, Montcalm 1, Morden 1, Morris R. 1, Neepawa 1, Ritchot 1, Rosser 1, Russell 1, Whitemouth 1, (Late reported case for July: Montcalm 1).

Diphtheria Carriers: Total 15—Winnipeg 13, Macdonald 2.

Influenza: Total 9—Winnipegosis 1, (Late reported cases for July: Unorganized 3, Bifrost 1, Cornwallis 1, Souris 1, Tuxedo 1, Whitehead 1).

Measles: Total 5—Portage City 1, Roland 1, Unorganized 1, Winnipeg 1, (Late reported case for August: St. Rose 1).

Erysipelas: Total 3—Winnipeg 3.

Anterior Poliomyelitis: Total 1—(Late reported for August: Brandon 1).

Cerebrospinal Meningitis: Total 1—Winnipeg 1.

Mumps: Total 3—Winnipeg 2, (Late reported for August: Brandon 1).

Lethargic Encephalitis: Total 1—(Late reported for July: Hillsburg 1).

German Measles: Total 1—Unorganized 1.

MEAD'S 10 D COD LIVER OIL IS MADE FROM NEWFOUNDLAND OIL

Professors Drummond and Hilditch have recently confirmed that for high vitamins A and D potency, Newfoundland Cod Liver Oil is markedly superior to Norwegian, Scottish and Icelandic Oils.

They have also shown that vitamin A suffers considerable deterioration when stored in white glass bottles.

For years, Mead's Cod Liver Oil has been made from Newfoundland Oil. For years, it has been stored in brown bottles and light-proof cartons.

Mead's 10 D Cod Liver Oil also enjoys these advantages, plus the additional value of fortification with Mead's Viosterol to a 10 D potency. This ideal agent gives your patients both vitamins A and D without dosage directions to interfere with your personal instructions. For samples write Mead Johnson & Company, Evansville, Ind., U.S.A. Pioneers in Vitamin Research.

The Manitoba Nurses' Central Directory

753 Wolseley Avenue :: Phone 30 620

OFFERS HOURLY NURSING CARE

At \$1.25 for first hour, and 75 cents for each succeeding hour for any type of nursing care needed in the home.

ALL SERVICES RENDERED BY REGISTERED NURSES.

An 8-Hour Day at \$3.00 per Day.

In the Affections of the Respiratory Tract

where it is desired to stimulate the circulation of blood and lymph through the affected parts, Antiphlogistine is a valuable adjuvant to the treatment.

Applied externally, it not only relieves the congestion, but promotes comfort through its anodyne and analgesic actions.

Its heat-retaining property renders it of special value in the general treatment of affections of the lower as well as of the upper respiratory tract.

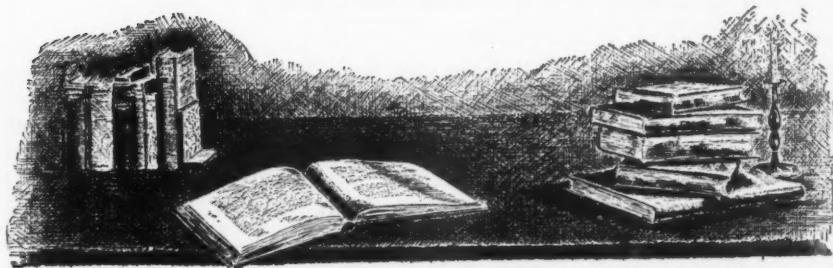
•
*Send for
sample and
literature*

*Standard works and textbooks recommend
Antiphlogistine for the relief of these conditions*

ANTIPHLOGISTINE

The Denver Chemical Manufacturing Company

153 Lagauchetiere St. W. - - Montreal



MADE IN CANADA

Medical Library of the University of Manitoba

Donation of Old Copies of Journals to the Library.

As a result of diminished financial resources, the library has had to institute various economies in the past year. For example, it has not been possible in every case to purchase extra copies of certain journals. This obviously means that in some instances a practitioner may have to wait some time before he is able to get a particular copy of the journal. Any medical men who have old copies of any of the journals listed below would help the work of the library very effectively by turning over these copies to the librarian.

"American Medical Association Journal"
"Lancet"
"American Journal of Medical Sciences"
"Surgery, Gynaecology and Obstetrics"
"British Journal of Surgery"
"Annals of Surgery"
"The Practitioner"
"American Journal of Surgery."
"Journal of Bone and Joint Surgery"
"Quarterly Journal of Medicine"

SPECIAL NOTICE !

Certain books and journals have been withdrawn from the library without notice being given to the librarian. The library committee would very much appreciate the return of these publications without further delay.

Books Missing.

Walker, Kenneth—"Male Disorders of Sex."
Walker, Kenneth—"The Enlarged Prostate." (Presented by the Canadian Medical Association, September, 1933).
Gould, Sir Alfred P.—"Elements of Surgical Diagnosis." 7th Edition.

Journals Missing.

"American Journal of the Medical Sciences," January, 1933.

A summary of the contents of some of the journals available for practitioners, submitted by the Faculty of Medicine of the University of Manitoba. Compiled by T. E. Holland, B.Sc., M.D. (Man.), F.R.C.S. (Edin.).

THE MEDICAL JOURNAL OF AUSTRALIA, August 5th, 1933.

"Chronic Hoarseness: Its Clinical Significance, Diagnosis and Treatment,"
by Herbert Tilley, B.S. (Lond.), F.R.C.S. (Eng.), Consulting Surgeon for Diseases of the Ear, Nose and Throat, University College Hospital, London.

—A good article, dealing with the various affections of the voice and discussing treatment for each.

"Some Thoracic Problems in Surgery,"
by H. Skepton Stacey, M.D., Ch.M., F.R.A.C.S., Senior Hon. Surgeon, Sydney Hospital; Lecturer in Clinical Surgery, University of Sydney.

—A discussion of some of the thoracic conditions treated surgically.

"Ovarian Cyst in Childhood,"

by P. L. Hepsley, M.D., Ch.M., F.R.A.C.S.

—A report on five children with ovarian cyst and symptoms resembling acute appendicitis or intussusception.

THE CANADIAN MEDICAL ASSOCIATION JOURNAL, August, 1933.

"Agranulocytosis,"

by Gordon Chown, O.B.E., B.A., M.D., F.R.C.P.(C.), and A. S. Gelfand, M.D., The Children's Hospital, Winnipeg.

—A discussion of this condition and reports of four fatal cases, with detailed clinical therapeutic and pathological data.

THE NEW ENGLAND JOURNAL OF MEDICINE, August 24th, 1933.

"Some Hermaphrodites I have met,"

by Hugh Young, M.D., Clinical Professor of Urology, Johns Hopkins University Medical Department.

—A brief condensation of a lantern slide lecture on a series of true hermaphrodites and pseudo-hermaphrodites, who have been examined at the James Buchanan Brady Urological Institute, Johns Hopkins Hospital, Baltimore. Dr. Young describes fourteen cases of this rare condition. There are a number of photographs and drawings.

SURGERY, GYNAECOLOGY AND OBSTETRICS, August, 1933.

"Spinal Anaesthesia: A Clinical and Experimental Study,"

by Manuel Grodinsky, M.D., F.A.C.S., and Charles P. Baker, M.D., Omaha, Nebraska, Departments of Anatomy and Surgery, College of Medicine, University of Nebraska.

—An excellent article, containing results of a great volume of clinical and experimental work, with conclusions reached as to volume and concentration of solution, rate and site of injection, mode of action of anaesthetic, and causes and treatment of complications. An extensive bibliography is given.

Other articles in this issue are:—

"Sacro Iliac Arthritis,"

by Theodore A. Willis, M.D., F.A.C.S., Cleveland, Ohio.

Brathwaites Ltd.

PORTAGE AVENUE, cor. Vaughan Street

Agents for

CONNAUGHT LABORATORIES

BURROUGHS WELLCOME & CO.

DRYCO, etc.

Telephone 21 085

Prescriptions Delivered to All Parts of the City.

Sunday Hours: 12 noon to 9 p.m.

"Renal Tuberculosis: Diagnosis and Treatment with Study of Ninety-Seven Cases of Nephrectomy for Tuberculosis,"
by R. B. Henline, M.D., F.A.C.S., New York.

THE CLINICAL JOURNAL, August, 1933.

- "The Treatment of Anaemias,"
by L. J. Witts, M.D., F.R.C.P., Asst. Physician, Guy's Hospital, London.
- "The Early Diagnosis of Tabes Dorsalis and Disseminated Sclerosis,"
by Henry Cohen, M.D., M.R.C.P. (Lond.), Physician to Out-Patients, Royal Infirmary, Liverpool.
- "Treatment in Suppurative Lesions of the Lungs,"
by Reginald Ellis, M.D., M.R.C.P. (Lond.), Hon. Asst. Physician, Ancoats Hospital, Manchester.
- "Acute Mastoiditis,"
by N. Asherson, M.A., M.B., F.R.C.S., Surgeon for Diseases of the Ear, Nose and Throat, The Queen's Hospital for Children, London.
- "Growths of the Kidney,"
by Alex. E. Roche, F.R.C.S. (Eng.), Asst. Genito-Urinary Surgeon, Charing Cross Hospital.
- "Spontaneous Sub-Arachnoid Haemorrhage,"
by L. P. E. Laurent, M.D., M.R.C.P., Medical Registrar, University College Hospital.
- "Nervous Sequelae of Spinal Anaesthesia,"
by H. L. Ashworth, M.D., M.R.C.S.

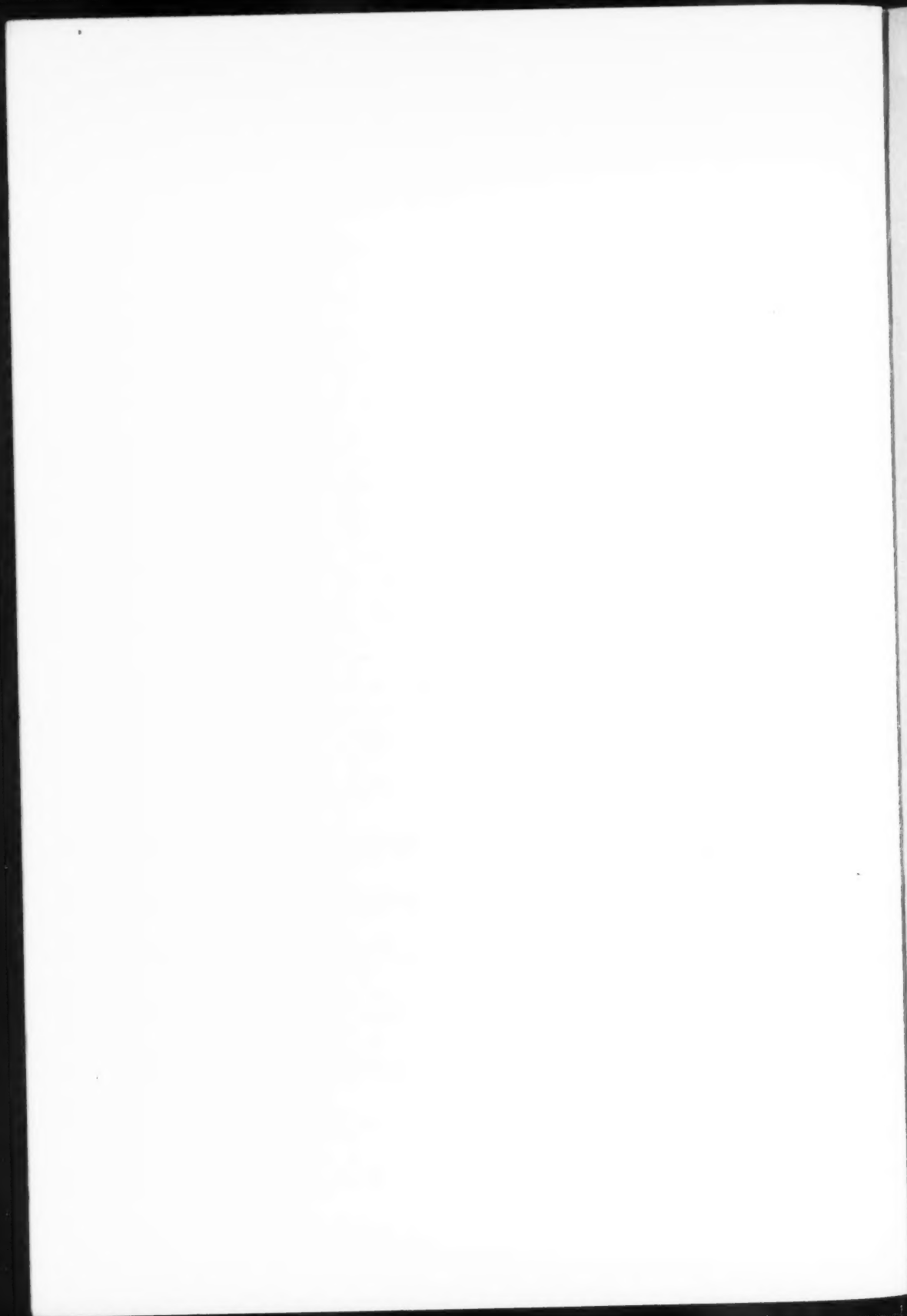
THE LANCET, August 5th, 1933.

- "Bilious Migraine: Its Treatment with Bile Salt Preparations,"
by Thos. C. Hunt, M.R.C.P. (Lond.), St. Mary's Hospital, London.
—An analysis of 60 cases of migraine, of which 40 were of bilious type.

THE LANCET, August 12th, 1933.

- "Haematemesis,"
by Maurice E. Shaw, M.D., M.R.C.P. (Lond.), Asst. Physician, Post-Graduate College, West London Hospital.
—The various causes are discussed as well as medical and surgical treatment. Acute ulcers of the stomach are more commonly the cause than chronic ulcers, and for these surgery extends no hope.





Clinical Meetings

At Brandon General Hospital—

2nd Wednesday at 12.30 p.m.

At Brandon Hospital for Mental Diseases—

Last Thursday. Supper at 6.30 p.m.

Clinical Session at 7.30 p.m.

At Children's Hospital—

1st Wednesday.

Luncheon at 12.30 noon.

Ward Rounds 11.30 a.m. each Thursday.

At Grace Hospital—

3rd Tuesday.

Luncheon at 12.30 p.m.

Discussion of Obstetrical Cases will form a large part of the clinical hour.

At Misericordia Hospital—

2nd Tuesday at 12.30 p.m.

At St. Boniface Hospital—

2nd and 4th Thursdays.

Luncheon at 12.30. Meeting at 1.00 p.m.

Ward Rounds 11.00 a.m. each Tuesday.

At St. Joseph's Hospital—

4th Tuesday.

Luncheon at 12.30. Clinical Session 1.00 to 2.00 p.m.

At Victoria Hospital—

4th Friday.

Luncheon at 12.00. Meeting at 1.00 p.m.

At Winnipeg General Hospital—

1st and 3rd Thursdays.

Luncheon at 12.30. Clinical Session 1.00 to 2.00 p.m.

Ward Rounds 10.00 a.m. each Thursday.

Pathological Conference at Medical College at 9.00 a.m.

Saturday during College Term.

Winnipeg Medical Society—

3rd Friday, Medical College, at 8.15 p.m.

Session: September to May.

Eye, Ear, Nose and Throat Section—

1st Monday at 8.15 p.m., at 101 Medical Arts Building.



If this tired, worried, over-worked mother were using Pablum for her babies' cereal feedings, she could have slept that extra much-needed hour instead of losing her temper while her children clamor for breakfast. For she can prepare Pablum in an instant, directly in the cereal bowl, simply by adding water or milk of any temperature—salt, cream and sugar for the older child and herself.

GETTING up an hour earlier in the morning is an inconvenience for most persons, but for the mother of young babies it is a hardship, sometimes almost tragic, frequently nullifying the best-planned pediatric advice.

This is especially true in the case of the nursing mother whose supply and quality of breast milk are affected by emotional shocks resulting often in agalactia and sometimes giving rise in the baby to diarrhea, colic, and even convulsions. Furthermore, the mother's emotional stress brings about a train of behavior on her part which is reflected in the child's psychologic reactions so that a vicious circle of bad habit formation is set up.

From this angle, the recent introduction of the pre-cooked form of Mead's Cereal, known as Pablum, assumes new

importance in the doctor's psychological handling of both mother and child, quite aside from its nutritional value.*

Because Pablum can be prepared in a minute, the mother can sleep the extra hour she would otherwise be compelled to spend in a hot kitchen cooking cereal. Added rest means better poise, so that petty annoyances do not bring jaded nerves. Prompt feedings prevent many childhood tantrums, and a satisfied baby usually eats better and enjoys better digestion and growth.

*Like Mead's Cereal, Pablum represents a great advance among cereals in that it is richer in a wider variety of minerals (chiefly calcium, phosphorus, iron, and copper), contains vitamins A, B, E, and G, is base-forming and is non-irritating. Added to these special features, it is adequate in protein, fat, carbohydrates, and calories. Pablum consists of wheatmeal, oatmeal, cornmeal, wheat embryo, yeast, alfalfa leaf, and beef bone.

Mead Johnson & Co. of Canada, Ltd., Belleville, Ont.

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons